



Report to the  
Independent Gambling Authority Inquiry  
into  
**'Inquiry into the Effectiveness of Gambling Rehabilitation  
Programs'**

Break Even Gambling Counselling Service  
Northern Metropolitan Adelaide & Barossa Region

March 2005

## Acknowledgements

This submission contains material from Anglicare SA's Position Paper, "Gambling in South Australia" December 1999, revised November 2002.

The Submission was produced, in part, by staff of the Anglicare SA Break Even Gambling Counselling Service, Anglicare Family Centre North, and in conjunction with the Anglicare SA Department of Family and Community Development, including the following people:

Simon Schrapel            Executive Manager, Family and Community Development

Peter Bleby                Executive Manager, Public Relations and Communications

Helen Connolly         Senior Manager, Family Centre North

Break Even Team:

Janet Firth                Program Manager, Break Even, Anglicare SA

Del Gross                 Rehabilitation Counsellor, Break Even & Drug Diversion

Elvira Kovacs            Rehabilitation Counsellor, Break Even

Gerry Phillips            Financial Counsellor, Break Even

Julia Smaistrla          Rehabilitation Counsellor, Break Even

Melissa Copeland        Rehabilitation Counsellor, Break Even

Zakiyyah Muhammad    Rehabilitation Counsellor, Break Even

In addition invaluable input was provided by consumers of Break Even, Anglicare SA through provision of anecdotal information, focus groups, and feedback.

## Contents

	Page no.
<b>1.0 Introduction</b> .....	1
The Format of this Paper .....	2
<b>2.0 Anglicare SA: An Overview</b> .....	3
<b>3.0 The Break Even Gambling Counselling Service</b> .....	4
3.1 Service Composition of Gambling Rehabilitation Services .....	4
3.2 Funding Contributions and application .....	5
<b>4.0 The Break Even Service: Service Delivery and Interventions</b> .....	6
4.1 The Team .....	6
4.2 Geographic coverage, access and service locations .....	6
4.3 Type and mix of service – integration - summary .....	7
4.4 Client Intake and Assessment .....	7
4.5 Informed Consent .....	8
4.6 Target Group .....	8
4.7 Treatment Perspectives .....	9
4.8 Best Practice .....	10
4.9 Group Work .....	10
4.10 Community Education .....	10
4.11 Evaluation .....	12
<b>5.0 Research and Future Directions</b> .....	12
<b>6.0 References</b> .....	14

## **1.0 Introduction**

In December 1985 the Adelaide Casino opened its doors to the public and became the first 'Pokie' venue in South Australia. In 1991 the 'Adelaide Casino was authorised to operate video gaming machines and, in 1993, to operate spinning reel machines (poker machines), a total of 674 machines'.<sup>1</sup>

In 1992 the SA Government legislated to allow the introduction of electronic gaming machines into hotels and clubs and on the 25 July 1994, the first of those "pokies" came on-line with 662 machines at 28 venues.<sup>2</sup>

In 2005 there are 599 venues with the total number of gaming machines in excess of 15,000.<sup>3</sup>

The Australian Gaming Statistics Report 1994-95 showed that turnover from gaming machines was higher than the total of all other forms of gambling combined, with a turnover of \$1,500 ... by May 1996 turnover was \$2,100 million with a record monthly turnover of \$227 million in April'.<sup>4</sup>

Expenditure on the different forms of gambling as a proportion of total gambling expenditure in South Australia, 2001 to 2002, was 66.7% on gaming machines in comparison to Racing (10.9%) Casino (10.1%) Lottery products (10.0%)<sup>5</sup>.

Recent legislation, effective 1 February 2005, will ensure a withdrawal of 3,000 gaming machines from the State over several years, although the impact is predicted to have little impact on the rate of growth in gambling losses (5% down from 5.5% - Treasury figures). However, the reduction is perceived to be a step in the right direction.<sup>6</sup>

It is estimated over 23,000 South Australians have a gambling problem and according to the Productivity Commission Report, 1999, an additional seven people in close proximity to the gambler will be affected by problem gambling<sup>7</sup>.

Anglicare SA acknowledges that gambling is an intrinsic part of the Australian culture and forms a legitimate part of the social and recreational activity available for adults.

We acknowledge the right of individuals to participate in gambling activities if it is their wish to do so, but we acknowledge also that while for many people participation in gambling is an enjoyable form of entertainment that causes little concern, for others, participation can lead to significant emotional, social and financial difficulties.

Anglicare SA is very concerned for the welfare of those who are negatively affected, and in particular, we are concerned for those individuals or groups who seem especially vulnerable to gambling and the addiction which can develop from participation in this form of 'recreation'.<sup>8</sup>

Over 10 years after their introduction, gaming machines continue to be a source of widespread concern in our community, and around Australia there is disquiet at the increasing reliance which governments have on gambling revenue.

---

<sup>1</sup> Australian Bureau of Statistics, Year Book Australia 2002, Special Article, 'Gambling In Australia'.

<sup>2</sup> Office of the Liquor and Gaming Commissioner, Gambling Statistics for South Australia, website.

<sup>3</sup> As above.

<sup>4</sup> As above.

<sup>5</sup> Centre for Gambling Research, The Australian National University, Fact Sheet 2004.

<sup>6</sup> Media Report, Life FM, presenter K, Seeley, recorded 30/11/04.

<sup>7</sup> Productivity Commission Draft Report – Final Summary, November 1999.

<sup>8</sup> Anglicare SA, 'Gambling in South Australia: A Position Paper', October 2001.

In response to the concern, a number of inquiries have been held in South Australia and nationally. These inquiries, conscientiously conducted, have provoked responses from a wide range of stakeholders. Anglicare SA has contributed to each of these inquiries, and has been actively involved in debate via media releases and comment. We have used the experiences of our Break Even clients to exemplify our concerns and to generate recommendations for practical and structural improvement in the gaming industry. We have contributed also to debate regarding broader gambling related issues including electronic gambling and taxation reform.

The plethora of inquiries and ongoing community debate, highlights the fact that the introduction of gaming machines has raised a number of serious issues of concern. Many of these issues remain unresolved. Many are possibly unresolvable. But there are windows of opportunity for some gambling related matters to be managed more positively for the benefit of those affected.

This Inquiry into 'The Effectiveness of Government Funded Rehabilitation Services' is one step towards identifying some strategies that have a degree of success and positive results for the individuals affected by problem gambling.

However, much more rigorous and systematic research is required to identify just 'what' interventions work for problem gamblers and 'why' some work better than others.

Certainly the answers are beyond the scope of this submission and a major challenge for the Inquiry given that nationally, and internationally, there appears to be major disagreement amongst researchers as to the efficacy of many of the treatment interventions used by practitioners from a multitude of disciplines.

### **1.1 The Format of this Paper**

The goal of this Submission Paper is to:

- inform stakeholders, including the Independent Gambling Authority and the broader community about the operations and service delivery of the Anglicare SA Break Even Service,
- clarify Anglicare SA's position on the interventions, approaches and outcomes of the Service, and
- make recommendations for addressing research needs for future evaluation.

The paper addresses 3 broad areas:

- organisational and service information,
- service delivery and interventions, and
- research and future directions.

This paper has been informed by practice experience and feedback from people experiencing hardship caused by gambling as well as relevant literature and formal reports. The following documents were of particular interest in the submission planning process.

1. The Productivity Commission's Final Report (Commonwealth Government) on 'Australia's Gambling Industries', November 1999.
2. South Australian Centre for Economic Studies, 'Problem Gambling and Harm: A National Definition – Literature Review: Summary Report' 2004

3. 'What can be done about problem gambling?', Health & Age, summary by Paryski, P, MA, February, 2005; primary source Ontario Problem Gambling Research Centre, 'Problem Gambling Continuum'.
4. 'Counselling Problem Gamblers: A Self-Regulation Manual for Individual and Family Therapy', Ciarrochchi, J, PH.D, Loyola College, Columbia, Maryland.
5. Blaszczynski, A. (1998). Overcoming Compulsive Gambling: a self-help guide using cognitive behavioural techniques. London, Robinson.
6. Dickerson, M. (1984). Compulsive Gambling. London, Longman.
7. Miller, W. R., & Rollnick, S. (1991). 'Motivational Interviewing: Preparing people to change addictive behaviour'. New York: The Guildford Press.

## **2.0 Anglicare SA: An Overview of the Organisation**

Anglicare SA has been in operation for over 140 years and has a long history serving the community of South Australia.

Our Vision is justice, respect and fullness of life for all. Anglicare's Statement of Purpose, is to express God's love for individuals, families and communities by making a positive difference to quality of life, responding to the needs and issues of individuals and families in ways which enhance dignity and integrity, and to promote social justice.

Anglicare SA is also one of the largest not-for-profit organisations in South Australia and provides services in aged care (high care, low care, independent living, community aged care packages and day therapy services) family and community services (gambling rehabilitation, alternative care, foster care, family support services, support for people with intellectual disability, drug and alcohol rehabilitation services, emergency financial assistance, community development, marriage and relationship education and counseling, emergency accommodation, domestic violence prevention and child protection, food and nutrition programs, youth services, op shops, child care centres, refugee settlement services and employment programs) and social advocacy on behalf of the people and communities who are marginalised.

Anglicare SA operates throughout South Australia, but its principal operations are within metropolitan Adelaide. Family and Community Services are organised within three Family Centres, covering the northern, southern and central regions of Australia. Each Centre delivers a broad array of services to individuals, families and communities.

### **3.0 The Break Even Gambling Counselling Service**

#### **3.1 Composition of Gambling Rehabilitation Services**

##### Integration

Currently the Department for Families and Communities administers the Gambling Rehabilitation Fund. In providing funds for gambling related programs such as Anglicare SA's Break Even Gambling Counselling Service, it stipulates in the funding agreement that a percentage of: individual/family counselling; financial counselling; and community education be delivered.

This integrated model of service composition is deemed to be the most appropriate. It allows individual organisations to cater specifically to their unique community needs by providing elements of prevention (community education) as well as early intervention and the more tertiary levels of treatment service.

Rehabilitation, incorporating intensive treatment interventions will probably always need to be an essential component of service delivery. This is highlighted by the Productivity Commission Report 1999 which states 'One tenth of those significant gambling problems - and 60 percent of those receiving counselling - admitted seriously contemplating suicide as a result of their gambling'. Therefore for some, prevention programs are of little consequence and often early intervention strategies are also too late. For this minority group, more intense support and assistance is and will continue to be required.

A range of support services, including financial and personal counselling it ensures people's major concerns (financial and personal/interpersonal) are addressed at the same location, by the same service, ensuring more consistent and streamlined assistance.

Underlying issues, including grief and loss, unemployment/low income, isolation and past trauma, affecting people who have gambling problems are not unlike those presenting within other Anglicare SA programs. It makes sense for gambling rehabilitation services to be located with other support services and programs offering personal development interventions. Co-location of services minimises the stigma attached to gambling problems, whilst simultaneously acknowledging that individuals and families need access to other forms of assistance and support. This integrated approach to the management and delivery of interventions is a particular feature of the Anglicare Family Centre model. It allows specialists in housing, counselling, youth and community work, financial assistance and drug and alcohol rehabilitation to share their expertise and work in a united team.

While group work is specified in the service agreement and as optional intervention, scope for its implementation is available via personal/family counselling. Group work offers individuals and families an alternative to counselling and hence more choice in how clients decide to address their problems.

Anglicare has endorsed an integrated approach to many of the programmes and services operating at its five sites in the northern region, and collectively known as Family Centre North. The integrated approach to service delivery has proven effective in achieving better outcomes for clients.

### **3.2 Funding Contributions and Application**

The Gamblers' Rehabilitation Fund, is headed by a Committee which is currently made up of representatives from the SA Department of Treasury and Finance, the Department for Families and Communities (Executive Director), Australian Hotels Association, the Licensed Clubs Association of South Australia, Adelaide Casino, the Australian Medical Association, South Australian Council of Social Service, the Law Society, and the Heads of Churches Task Force on Gambling, as well as the Chair and Executive Officer to the Committee

As financial beneficiaries, Government and gambling operators (hotels, clubs, racing codes, the Casino, Lotteries Commission) have a vested interest in gambling. It is appropriate therefore that they contribute toward the funding of treatment programs for problem gamblers. Furthermore, accepting this moral obligation is consistent with the intrinsic elements of problem gambling treatment, being the acknowledgment of taking responsibility for actions.

Financial and other resource contributions from gambling operators, directed at research, prevention and treatment, indicate that a level of social responsibility is assumed by these industries, and is applauded as a positive gesture which helps reduce the harm caused by gambling.

However, funding to the Break Even Services has essentially been made on an annual basis, apart from one period when funding agreements were extended for three years.

Despite an injection of an additional \$2 million for rehabilitation services in February this year, recent announcements of funding rollovers to Break Even agencies for one year only, rather than a minimum of 3 years, were made by the Minister for Gambling.

Ideally, funding commitments of up to five years with additional funds to enhance services in response to increased demand would have given services greater provision for service delivery planning, implementation and evaluation. Such a commitment would have clearly demonstrated support for a 'harm minimisation' approach and greater retention of experienced staff with years of practice wisdom.

Staff from across the Break Even service network are dedicated and committed to assisting people in the management of problem gambling, however, reports from several of the Break Even services have identified dissatisfaction with short contracts and lack of long term, well-resourced service provision.

The Break Even Services have recently submitted requests for additional funds to cover service budget deficits, increase staffing levels to reduce caseloads to more manageable workloads, or to enable for service enhancements, or to pilot new initiatives.

These 'one off grants', funded from a percentage of the two million additional dollars available this current and next financial year will reduce or eliminate service provider's need to augment the budget to June 2006. However, whilst 'one off' grants can offer opportunities to pilot new initiatives, they can also raise community expectations for ongoing service provision which may not be able to be maintained.

## **4.0 Break Even: Service Delivery and Interventions**

### **4.1 The Team**

A total of six staff members are employed by Anglicare to provide the Break Even service; currently three full-time and two half-time Counsellors providing therapeutic counselling plus one part-time Financial Counsellor.

One of the half-time positions has an additional 19 hours per week for drug rehabilitation and is funded externally by the State's Drug Diversion Program. In addition, a Manager is funded two days per week to provide operational management and case management and supervision of staff.

### **4.2 Geographic Coverage, Location and Access**

#### **4.2.1 Geographic Coverage**

The Break Even Service has a designated target area identified in the current Funding Agreement which is the Northern Metropolitan area and Barossa surrounding region. The Northern Metropolitan area includes the local government areas of Salisbury, Playford and Gawler.

The Barossa region, extends from Clare in the northern most part and south to Gawler, and the Balaclava area across to Eden Valley and Mount Pleasant forms the east/west extremities.

These geographic areas, or boundaries, are essentially the administrative boundaries utilised in the Department for Families and Communities and it is perceived, chosen primarily on the basis of administrative expedience.

#### **4.2.2 Access**

The retention or redistribution of these boundaries has been discussed briefly by most if not all Break Even services over the years; however, in practice clients can access any of the Break Even services irrespective of their place of residence. This flexibility enables clients to access any of the available services and they may choose a service near to their place of employment, for example, rather than perhaps their place of residence.

#### **4.2.3 Fees**

Currently the services are provided to clients at no cost to themselves and this arrangement should be retained. Clients report the 'free' service is essential and enables them to seek help and support without the restrictions imposed by client fees. Given the financial incapacity often experienced by those with a gambling problem and their families, the imposition of fees would place an unreasonable burden on those seeking assistance and should not be introduced in the future.

The majority of clients are 'low to middle income earners' and particularly for those individuals who are experiencing major financial problems due to the problem gambling, even a low fee service would act as a disincentive.

#### 4.2.4 Location

Anglicare's Break Even service is based at The Old Rectory, Salisbury, and from Anglicare's Elizabeth premises. The two locations service the majority of clients seeking to access the service. Both locations are situated within LGA's that have a high density of gaming machines per capita, a high density of venues, some of the highest rates of unemployment in the nation, high levels of low income earners, and high levels of poverty.

A third location at Gawler, operates between two and three days per week subject to demand, and other outreach locations have been utilised as and when there is an expressed need. The majority of clients from the Barossa area utilise Gawler when they visit the township to shop, visit the bank or other appointments and want to include their visit to Break Even on the same day.

Although the 'expressed need' for gambling rehabilitation from rural areas has been low, in comparison to the metropolitan areas, the number of gaming machines and venues would suggest higher levels of need, particularly from certain target groups, i.e., youth, people experiencing isolation, retirees, and people experiencing mental health problems. However, it is likely that the stigma attached to experiencing a gambling problem is experienced to a greater degree in smaller towns and rural communities. This is likely to make it more likely to be a hidden problem in such communities, necessitating additional efforts to enhance access.

### 4.3 Integration of Service Provision – Type and Mix

The Break Even Service currently provides the following services:

- Face to face - 1:1 counselling.
- Family and group counselling.
- Financial counselling - 1:1 and family.
- Telephone support and counselling.
- Co-counselling with other specialist services.
- Group Work.
- Outreach services.
- Referral and advocacy, internal and external.
- Self Exclusion - information and support.
- Family Protection Act - information and support.
- Information Service - gambling and non gambling programs.
- Community Education.

### 4.4 Client Intake and Assessment

Clients' initial appointments are for 1-1½ hours duration on the initial visit, and more than one session per week may be advisable in the first few weeks. Implementation of Assessment tools and general data is time consuming and clients are often too stressed to cope with and complete the data initially, however, staff endeavour to ensure all data is collected by the end of the third visit where possible.

The Collection Sheets from the GRF Data Set comprise 25 items of data, a mix of demographic information, gambling prevalence, suicide ideation, anxiety and depression scales.

The Data Set has been beset by continuous technical problems which has undermined the veracity and subsequent utility of the data. Recent changes and the forthcoming ability to generate a range of reports directly by the agencies themselves should be beneficial in the long term.

#### **4.5 Informed Consent**

Clients are given a range of information via verbal and written format, and an accompanying checklist of each item is signed by the client to acknowledge receipt. This procedure occurs within the Intake & Assessment Procedure for each new client. A summary of the information provided is as follows.

- The Break Even Gambling Counselling Service.
- Gambling Helpline 1800 number.
- Clients' Rights.
- Complaints Procedures and contact details.
- Informed Consent - rights and responsibilities.
- Records Management & the Freedom of Information Act.
- Family Protection Act.
- Self barring procedure (hotels and clubs and Casino).

'Informed Consent', definition and process in respect of the Data Set was reviewed over two years ago; given the generally low client consent rates being attained for the collection of data. Clients perceived the information to be very personal and although staff reported a willingness to share information with their Counsellor, the same clients were frequently reluctant to have the information recorded and sent to a Government Department.

Consent rates have improved overall with the elimination of the 'informed consent' requirement for part of the data. Staff inform new clients the data is required if the service is to be utilised and that their identity is protected. It is also emphasised that the data is used for planning purposes and service delivery management. Most clients will accept the requirements and compliance rates are around the 98% mark, however, clients are not refused service if they refuse to provide some or all of the data.

#### **4.6 Target Groups**

Anglicare's experience is that an increasing number of clients are presenting with more severe mental health disorders including borderline personality disorder and diagnosed forms of schizophrenia. The clients are particularly vulnerable to gaming machines and venues which may appear attractive, with offers of free food and non alcoholic drinks, shelter and comfortable surroundings, and friendly staff. However, a number of clients have reported being asked to leave the premises when their funds are exhausted.

Young people in the 16 to 30 year age range are particularly vulnerable to suicide. Although youth suicide statistics cannot always demonstrate a correlation between problem gambling and suicide by young people are perceived to be particularly vulnerable to participate in gambling activity and those experiencing significant problems are at increased risk of suicidal tendencies.

#### 4.7 Treatment Perspectives

Problem gambling occurs along a continuum. As described by Symond 1994, an individual experiences ‘problem gambling’ where:

“gambling has caused un-manageability or problems in some area of one’s life eg; financial, marital, work, emotions, health, loss of identity, depression, etc.”

The literature on problem gambling shows that for some people:

- Prior problems can precipitate problem gambling.
- Problems stem from behaviour conditioned from the nature of the rewards offered by gambling.
- Problems can stem from misconceptions about the chances of winning or recouping losses.
- The problems can occur because of boredom, social isolation, depression or cultural factors.

To date there has not been an explicit requirement for service providers to define modes of treatment. There is a range of treatment perspectives, inclusive of, but not limited to, self help, behavioural techniques, psycho-analysis, family therapy, group work and addiction models. Types of treatment for problem gambling can include self help, group support, supportive counselling (inclusive of gambling behaviour; financial counselling; relationship counselling; family counselling; legal advice; and counselling for co-morbidities) and medical treatment models. Anglicare SA acknowledges the successes of each of these treatment strategies as well as the limitations they have for some individuals and families. It is suggested no one treatment program will ever be the solution for all people. Anglicare SA in recognising the individuality of people endeavours to offer a tailor made treatment approach for individual problems.

The elements deemed to be essential in all treatment offered for problem gambling are:

- Recognition of the individual’s fundamental right to make their own decisions in resolving their problem (the promotion of empowerment).
- Attention to harm minimisation strategies.
- Respect and privacy.
- Adherence to a social justice philosophy.
- Transparent service delivery.
- Mechanisms for client feedback on service delivery.
- In recognition of the unique needs of individuals, clients should be offered choice in treatment options.

- In line with social justice strategies including access and equity, dedicated funding should exist for Aboriginal and Torres Strait Islanders and those of culturally and linguistically diverse backgrounds.

#### **4.8 Best practice**

Services for people who experience gambling related problems should be subject to the same standards as all other human services. Therefore service providers should already have, or be expected to implement, quality assurance systems which ensure good practice. Quality assurance mechanisms for programs offering gambling treatment should consist of, and address, the following elements:

- Client involvement in planning, service design and evaluation.
- Client complaint and grievance systems.
- Appropriate data systems for collecting and reporting information on activities and outcomes.
- Rigorous system for the selection and supervision of staff.
- Ongoing training and the professional development for staff.
- Sound agency planning and evaluation systems.
- Documented operational policies and procedures.

All problem gambling treatment services should be subject to quality assurance testing mechanisms as described above.

#### **4.9 Group Work**

Anglicare has provision for several types of group work, that is:-

- Art 4 Us.
- Out & About.
- Peer Support Group.
- Women Against Gambling.

These groups have evolved over the years of Anglicare's operation of Break Even services are achieving successful outcomes for the majority of participants. Several pilot models of group work have proven not to be as successful and evaluation has resulted in the elimination of such models on the basis they were of minimal benefit to the majority of clients.

#### **4.10 Community Education**

Community Education is an integral component of any effective campaign for primary health care and the prevention and harm minimisation of problem gambling.

Prevention and early intervention are deemed to have greatest success in resolving problem gambling.

Therefore, in public awareness campaigns, shock and scare tactics of the “Grim Reaper” variety should be avoided as such tactics run the risk of prompting people to think only in extremes and therefore not address their problems when they appear to be at the lower end of the problem gambling continuum.

Significant others (those affected by someone else’s problem gambling) are also of paramount importance for targeting by a community education campaign. Research suggests (Casey and Morrissey, 1992) that approximately ten people are negatively affected by each person with a gambling problem. Significant others thus form the majority of those negatively affected by gambling.

Drug and alcohol research (Barber, 1996) suggests family and friends are in a position to play a major role in providing pressure to change the behaviour of the person who has the dependency. A community education campaign should ensure messages of safety and early detection are provided and also incorporate the education of those who are living with or know someone with a gambling problem.

One area in which gambling destroys people’s lives relates to their health. Mental well being is usually at risk when a person is gambling. The stress related to overdue bills, not being able to provide food for the family, non-payment of rent or mortgage, the constant calls from debt collectors, lying to conceal their gambling etc, place extreme pressure upon the problem gambler. This often results in extreme sadness exhibited by a sense of tiredness, helplessness, hopelessness and a feeling of not being able to cope with everyday life. All of this puts those with significant gambling problems at risk of suicidal tendencies.

As the mental and financial well being of individuals deteriorates often physical well being will also decline. When there is little money to buy food diets change and the body may struggle to function normally. Couple this with poor emotional well being and illness may be the result.

Clients often comment about the physical effects they experience after gambling. These include pains in the chest, the feeling they will vomit, headaches, pains in the stomach and many other associated problems.

Problem gamblers are usually people who are vulnerable or have a predisposition to mental and physical well being problems. Gambling acts as a catalyst and therefore exacerbates or highlights existing problems. Health professionals who have been working with these people previously may discover that their attendances are more regular and their ailments become more severe.

Within this context, Anglicare supports the maintenance of a State wide Community Education program which should address:

- Prevention via a school based education program.
- Early detection via a broad and local based public awareness campaign.
- Specific education campaign targeting allied health professionals in detection and treatment of problem gambling.
- The needs of minority groups and others who experience information barriers such as illiteracy or language.
- The need for consistent messages regarding the risks and harms associated with gambling.
- A focus on significant others.

#### **4.11 Evaluation**

The evaluation of program and treatment approaches is essential in providing best practice. Anglicare SA has a commitment to ensuring responsiveness to client needs.

The effectiveness of treatment programs should be gauged in terms of the extent to which clients achieve the outcomes they seek.

Short term assessment of client outcomes can give misleading impressions of treatment effectiveness. Evaluation over a greater length of time would be a much more accurate assessment of effectiveness but is fraught with difficulties in terms of collection. The Productivity Commission commented that “Counselling services for problem gamblers serve an essential role, but there is a lack of monitoring and evaluation of different approaches, and funding arrangements in some jurisdictions are too short term.”

Gambling treatment programs should have systems in place for monitoring the performance of the program and outcomes for clients.

The Break Even Service utilises a range of evaluation tools to monitor performance and subsequent outcomes for clients. In addition to the measures included in the Data Set, particularly upon exit from the service, Anglicare also utilises a Client Satisfaction Survey and Worker Survey for each client at various if the intervention.

Gambling treatment services should be funded for a minimum three years, preferably five years and independently evaluated for effectiveness of interventions, using an agreed mixture of qualitative as well as quantitative measures.

### **5.0 Research and Future Directions**

Research is deemed an essential ingredient in informing practice, policy and planning decisions as well as resource allocation to achieve effective harm minimization. Research remains the key to learning and continued improvement in knowledge and understanding of issues pertaining to gambling. It can confirm or dispel myths, monitor the context within which problems exist, and highlight patterns of behaviour and spending. Furthermore it can enable us to determine the implications for service provision and anticipate and predict future patterns for pro-active and evidence based responses. The value of research is enormous and therefore it requires an adequate level of recurrent resourcing and priority.

The ongoing problems with the current Data Set need to be addressed in the immediate future if the maximum utility is to be gained from this additional twelve months of service provision. Installation of software to generate reports by service providers themselves will enhance service delivery monitoring and planning.

On a much larger scale, treatments and interventions for problem gambling are frequently adopted or adapted from addiction interventions and from small case studies and anecdotal evidence. Unfortunately it is questionable whether these results equate to successful outcomes for all clients on a wider scale.

A systematic and rigorous literature review can be conducted in the short term and the results collated for analysis and possible replication by government funded services. The 'piloting' of such models with provision for an independent evaluator would be an advantage, though not necessarily conclusive.

The efficacy of Interventions, treatment modalities, and treatment approaches, and various therapeutic interventions is the subject of a number of studies on a global scale within the gambling help sector. However, whilst there appears to be a growing momentum in support of behavioural models of intervention, a number of reviews are critical of the lack of rigorous longitudinal studies.<sup>9 10</sup> These studies would provide a more informed basis for a future service system in South Australia.

Anglicare SA  
21 March 2005

---

---

<sup>9</sup> 'Control versus Abstinence in the treatment of pathological gambling – a two to nine year follow up', Blaszczynski, A., McConaghy, N., & Frankova, A. 1991.

<sup>10</sup> Blaszczynski, A. 'Is pathological gambling an impulse control, addictive or obsessive compulsive disorder? In: Tolchard, B. (Ed) Towards 2000: the future of gambling, Proceedings of the 7<sup>th</sup> National Association for Gambling Studies, Adelaide.

## **6.0 References**

- Anglican Community Services, '*Fair Game Gambling in South Australia*', May 1997.
- Anglicare SA, '*Gambling in South Australia: A Position Paper*', October 2001.
- Australian Bureau of Statistics, Year Book Australia 2002, Special Article, '*Gambling in Australia*'.
- Barber, J and Crisp, B (undated) '*The Pressures to Change Approach to Working with the Partners of Drinkers*', Flinders University; School of Social Administration and Social Work
- Blaszczynski, A., McConaghy, N., & Frankova, A. '*Abstinence in the treatment of pathological gambling – a two to nine year follow up*'. 1991
- Blaszczynski, A. '*Is pathological gambling an impulse control, addictive or obsessive compulsive disorder?*'. In: Tolchard, B. (Ed) *Towards 2000: the future of gambling*, Proceedings of the 7<sup>th</sup> National Association for Gambling Studies, Adelaide.
- Caset, M and Morrissey, S. '*The Social Impact of Gambling: A Literature Review*.' Victorian Gambling Commission 1992
- Centre for Gambling Research, The Australian National University, *Fact Sheet*, 2004.
- Life FM, *Media Report*, presenter: Seeley, K, recorded 30/11/04
- Paul Delfabbro and Anthony H. Winefield, 1996 '*Community Gambling Patterns and the Prevalence of Gambling Related Problems in South Australia*.' Adelaide University
- Heads of Christian Churches, '*Task Force on Gambling in South Australia*', Discussion Paper, October 1999
- Office of the Liquor and Gaming Commission, *Gambling statistics for South Australia*, website 2005
- Parliament of South Australia, Social Development Committee; *Gambling Inquiry Report*. August 1998
- Productivity Commission 1999, *Australia's Gambling Industries, Draft Report*, Canberra, July
- Productivity Commission 1999, *Australia's Gambling Industries, Inquiry Report*, Canberra, November, Volumes 1, 2, 3.
- Symond, Paul. *Definition from Staff Training Resources, Paul Symond Consulting, 1994*, St. Edmund's Private Hospital, Eastwood New South Wales, provided to Break Even SA.
- N. Xenophon Gambling Industry Regulation Bill Consultative Draft, 1998.
- The Children's Interests Bureau Advisory Committee; Response to Second Interim Report of the Select Committee on *Internet and Interactive Gambling and Gambling by other means of Telecommunication in South Australia, 2000*. p.4.
- Statutes Amendment (Gambling Regulation) Bill 2001*. Parliament of South Australia.